



APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION EXAMINATION

State Form 47289 (R3 / 10-03)
Approved by State Board of Accounts - 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Pursuant to 327 IAC 5-22

NOTE: A \$30.00 FEE MUST BE SUBMITTED WITH EACH APPLICATION FOR CERTIFICATION. APPLICATIONS MUST BE SIGNED BY THE INDIVIDUAL, AND HIS/HER SUPERVISOR. FAILURE TO FILE A PROPERLY COMPLETED APPLICATION MAY RESULT IN THE APPLICATION BEING DISAPPROVED. APPLICATIONS ARE DUE NO LATER THAN 45 DAYS PRIOR TO THE DATE OF THE EXAMINATION. (APPLICATION FEE IS NONREFUNDABLE.)

This is an application for a Class: (<i>circle one</i>)	Industrial: A-SO A B C D
	Municipal: I-SP I II III IV
Would you accept a lower classification if not eligible for Class circled above?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR OFFICE USE
Classification
Status
Location
Remarks:

I. GENERAL INFORMATION (*please type or print legibly*)

A. Name of applicant (<i>last, first, middle</i>)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
B. Mailing Address (<i>number and street</i>):			
City:	State:	ZIP code:	County:
Office telephone number: ()		Home telephone number: ()	
Fax number: ()		E-mail address:	
C. Date of birth:		D. Have you ever applied for wastewater certification in Indiana before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are you presently a certified operator in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certification Number:	Expiration Date:

II. EDUCATION AND TRAINING

List below all high schools and post high schools attended.

	Name/Location of School	From (Month/Year)	To (Month/Year)	Diploma (GED) or Type of Degree and Date of Graduation
High Sch. Grad? <input type="checkbox"/> Yes <input type="checkbox"/> No				
College Grad? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other:				

If you are applying for Class IV / Class D certification, original transcripts must be enclosed. For the consideration of using college education to substitute for work experience, original college transcripts must be enclosed.

☐ If you would like to have your original transcripts returned, please check the box and enclose a self-addressed, stamped envelope.

Specialized Training or Classes Relevant to Certification

Title of Specialized Training or Class	Company/School Attended	Dates Attended	Credits or Contact Hours ¹ earned:

Copies of credit report forms or proof of attendance must be enclosed.

¹ "Contact Hour" means a fifty (50) to sixty (60) minute instructional session involving a qualified instructor or lecturer. Ten (10) contact hours equals one (1) continuing education unit (CEU).

III. OPERATIONAL EXPERIENCE HISTORY

List your current assignment first. Show all *acceptable experience* in wastewater treatment plants. "Acceptable experience" means employment in the actual hands-on operation of a wastewater treatment plant. Experience in wastewater treatment plant maintenance will be given fifty percent (50%) credit for operational experience for those employed solely in this area. Experience in wastewater laboratory will be given full credit for operational experience for those employed solely in this area.

Date (Month/Year)		Position Information		
From:	To:	Position Title	Name of Facility & State	Certified Operator's Name
Hours Per Week		Classification of Facility	Type of Treatment	Average Flow
		Daily Job Duties (<i>be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator</i>)		
Hours Per Week		Classification of Facility	Type of Treatment	Average Flow
		Daily Job Duties (<i>be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator</i>)		
Hours Per Week		Classification of Facility	Type of Treatment	Average Flow
		Daily Job Duties (<i>be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator</i>)		
Hours Per Week		Classification of Facility	Type of Treatment	Average Flow
		Daily Job Duties (<i>be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator</i>)		
Hours Per Week		Classification of Facility	Type of Treatment	Average Flow
		Daily Job Duties (<i>be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator</i>)		

IV. RESPONSIBLE CHARGE EXPERIENCE

(must be completed by Class III, IV, C, and D applicants; optional for other classes)

List specific duties for positions of responsible charge. "Responsible charge" means the person responsible for the overall daily operation, supervision, or management of a water or wastewater facility. In Class III, IV, C, or D plants, the individual supervising and responsible for a major section of the plant or an operating shift may be credited with responsible charge experience. Additional sheets may be attached, as necessary.

Date (Month/Year)		Position Information		
From:	To:			
		Position Title	Name of Facility & State	Certified Operator's Name
Hours Per Week		Classification of Facility	Type of Treatment	Average Flow
		Daily Job Duties (<i>be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator</i>)		
		Position Title	Name of Facility & State	Certified Operator's Name
Hours Per Week		Classification of Facility	Type of Treatment	Average Flow
		Daily Job Duties (<i>be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator</i>)		
		Position Title	Name of Facility & State	Certified Operator's Name
Hours Per Week		Classification of Facility	Type of Treatment	Average Flow
		Daily Job Duties (<i>be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator</i>)		
		Position Title	Name of Facility & State	Certified Operator's Name
Hours Per Week		Classification of Facility	Type of Treatment	Average Flow
		Daily Job Duties (<i>be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator</i>)		
		Position Title	Name of Facility & State	Certified Operator's Name
Hours Per Week		Classification of Facility	Type of Treatment	Average Flow
		Daily Job Duties (<i>be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator</i>)		

V. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above applicant; that all statements made and information regarding education, training, acceptable experience and responsible charge experience are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for, revocation of any certification granted or voiding a decision made regarding my application. I also consent to verification of my qualifications for the certificate for which I have applied.

Signature of applicant

Date (month, day, year)

VI. SIGNATURE OF APPLICANT'S SUPERVISOR

I, the undersigned, hereby certify the information contained in Sections II, III, and IV of this application is true and correct to the best of my knowledge.

I have supervised this individual for _____ years.

Signature of Supervisor

Date (month, day, year)

Printed Name of Supervisor

Title

Wastewater Cert. Number, if applicable

Name of Organization

Address (number and street name, city, state, zip code)

Telephone number:

Fax Number:

The completed application, along with all required fees and attachments should be mailed to:

Cashier
Indiana Department of Environmental Management
P.O. Box 7060
Indianapolis, IN 46207-7060

Please make all checks payable to the Indiana Department of Environmental Management.

DO NOT SEND CASH.